2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000000162

1. Entity Name
PLANTEURS UNIS, INC.

Principal Place of Business	Mailing Address
15555 NW 2ND AVE, SUITE 105 MIAMI, FL 33169	P.O. BOX 471751 MIAMI, FL 33247-1751

04032004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
65-0975235

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MACAULAY, ROBERT B
ONE SE 3RD AVE STE 2200
MIAMI, FL 33131

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☑ **$5.00** May Be Added to Fees

U00000108369
04/09/04-80054-001 75.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BESSARD, JOSEPH F
STREET ADDRESS	15555 NW 2ND AVE, SUITE 105
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	D
NAME	BESSARD, JACOB F
STREET ADDRESS	15555 NW 2ND AVE, SUITE 105
CITY-ST-ZIP	MIAMI, FL 33169
TITLE	D
NAME	DECIMUS, PIERRE J
STREET ADDRESS	265 NE 48TH
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 04/06/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #